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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 20786
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:
20786

OR

☐ Firm or
Individual Name
Holmes J. Hawkins III
King & Spalding, LLPAddress 1180 Peachtree Street, NECity AtlantaCountry USA

State

Georgia

Zip

30309-3521Telephone 404-572-2443

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature

Name

Kevin Wozniak, Director, Office of Technology Licensing

Date

Feb. 9, 2009

Telephone

404-894-6287

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.